

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$1669.00 for date of service 11/27/01.
- b. The request was received on 02/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/03/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 09/04/02. The response from the insurance carrier was received in the Division on 09/09/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence that... "1) We are requesting payment as ordered for code 22830. Fee guideline at 50% is \$1669.00. The carrier sent an EOB reflecting that amount but only sent a check for \$708.00 because they decided that they should not have paid code 15734. Both codes are payable & are not global to any other code billed[sic] Per rule 133.304 (a)(b) a carrier requesting a refund only has 45 days from the date they paid to make the request. Payment was made Jan-14-02 &

request of which they took money back was 5-28-02. Carrier is in violation. The only issue of this dispute is 22830. We are in compliance & carrier owes us the \$1669.00.”

2. Respondent:

“(1). CPT code 22830 (Exploration of Spinal Fusion) was denied as global to CPT code 63042. Per the CPT code book CPT 63042 represents, ‘Laminotomy (hemilaminectomy, with decompression of nerve root(s), including partial facetectomy, foraminotomy and or excision of herniated disks, re-exploration, lumbar. This code includes the re-exploration.

(2). The exploration is also global per the 1994 edition of the American Academy of Orthopaedic Surgeons Global Service Data Handbook under the procedure code 63042 pg. 327. The provider did bill CPT 63042 as their primary code for this date of service.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/27/01.
2. The denial code listed on the EOB is “X815 THIS PROCEDURE IS INCIDENTAL TO THE PRIMARY PROCEDURE, AND DOES NOT WARRANT SEPARATE REIMBURSEMENT.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/27/01	22830	\$3,500.00	\$0.00	G	\$3,338.00	MFG GI (VIII)(C) SGR (I)(D)(1)(a)(b) Global Service Data for Orthopaedic Surgery dated 1994	According to the MFG Surgery Ground Rules CPT code 63042 reflects the highest MAR value, making it the primary procedure. Currently, the Medical Review Division uses the Physicians' Current Procedural Terminology, Fourth Edition, Copyright 1994 by the American Medical Association (CPT) in conjunction with GSDOS dated 1994. Therefore, according to the GSDOS dated 1994, CPT code 22830, is not global to 63042 and will be reduced to 50% of the MAR value according to MFG SGR (I)(D)(1)(b). Therefore reimbursement is recommended in the amount of \$1669.00 .
Totals		\$3,500.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1669.00 .

The above Findings and Decision are hereby issued this 20th day of September 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

Mb/mb

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1669.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20th day of September 2002.

Carolyn Ollar
Supervisor, Waco Medical Dispute Resolution
Medical Review Division

CO/mb